

EXHIBIT D

S. Abbas Shobeiri, M.D.

Page 1	Page 2
<p>1 IN THE UNITED STATES DISTRICT COURT 2 SOUTHERN DISTRICT OF WEST VIRGINIA 3 AT CHARLESTON 4 -----X 5 IN RE: ETHICON, INC., PELVIC Master File No. 6 REPAIR SYSTEM PRODUCTS 2:12-MD-02327 7 LIABILITY LITIGATION MDL 2327 8 -----X 9 THIS DOCUMENT RELATES TO THE JOSEPH R. GOODWIN 10 FOLLOWING CASES IN WAVE 1 OF U.S. DISTRICT JUDGE 11 MDL 200: 12 Dorothy Baugher v. Ethicon, Inc., et al. 13 Civil Action No. 2:12-cv-01053 14 15 Denise Sacchetti v. Ethicon, Inc., et al. 16 Civil Action No. 2:12-cv-01148 17 Sheri Scholl, et al. v. Ethicon, Inc. 18 Civil Action No. 2:12-cv-00738 19 20 Lisa Thompson, et al. v. Ethicon, Inc., et al. 21 Civil Action No. 2:12-cv-01199 22 Roberta Warmack, et al. v. Ethicon, Inc., et al. 23 Civil Action No. 2:12-cv-1150 24 25 Rebecca Wheeler, et al. v. Ethicon, Inc., et al. 26 Civil Action No. 2:12-cv-01088 27 Thelma Wright v. Ethicon, Inc., et al. 28 Civil Action No. 2:12-cv-01090 29 -----X 30 VIDEOTAPED DEPOSITION OF 31 S. ABBAS SHOBEIRI, M.D. 32 33 Fairfax, Virginia 34 February 27, 2016 35 Reported by: Denise D. Vickery, CRR/RMR</p>	<p>1 2 3 February 27, 2016 4 10:06 a.m. 5 6 7 VIDEOTAPED DEPOSITION OF S. ABBAS SHOBEIRI, MD, 8 held at Gathering Room 3 of: 9 10 11 HYATT HOUSE MERRIFIELD 12 8296 Glass Aly 13 Fairfax, VA 22031 14 15 16 17 Pursuant to notice, before Denise D. Vickery, 18 Registered Merit Reporter, Certified Realtime 19 Reporter, and Notary Public in and for the 20 Commonwealth of Virginia. 21 22 23 24</p>
Page 3	Page 4
<p>1 A P P E A R A N C E S 2 3 For the MDL Plaintiffs: 4 MOTLEY RICE LLC 5 26 Bridgeside Boulevard 6 Mt. Pleasant, SC 29464 7 512.695.1708 8 BY: MARGARET THOMPSON, ESQ. 9 mthompsonmd@gmail.com 10 11 12 For the Ethicon Defendants: 13 FOLIART HUFF OTTAWAY & BOTTOM 14 Bank of Oklahoma Plaza 15 201 Robert S. Kerr Avenue, 12th Floor 16 Oklahoma City, OK 73102 17 405.232.4633 18 BY: LARRY D. OTTAWAY, ESQ. 19 larryottaway@oklahomacounsel.com 20 BY: AMY SHERRY FISCHER, ESQ. 21 amyfischer@oklahomacounsel.com 22 23 Also Present: 24 Michael Gay, Videographer</p>	<p>1 I N D E X 2 3 EXAMINATION OF S. ABBAS SHOBEIRI, MD PAGE 4 By Mr. Ottaway 6, 166 5 By Ms. Thompson 156, 171 6 7 E X H I B I T S 8 DEFENDANT'S 9 EXHIBIT DESCRIPTION PAGE 10 No. 1 Notice of Deposition 6 11 No. 2 References. 46 12 ETH.MESH.00632022 to 2026 13 ETH.MESH.02180759 to 0761 14 ETH.MESH.03364532 to 4535 15 ETH.MESH.03803462 to 3465 16 ETH.MESH.03928235 17 ETH.MESH.00860239 to 0310 18 ETH.MESH.02340756 to 0828 19 ETH.MESH.02340829 to 0901 20 ETH.MESH.02340902 to 0973 21 No. 3 Clinical Literature Reliance List 104 22 Pages 1 - 84, Pages 1 - 10 23 24 (Exhibits attached to transcript.)</p>

1 (Pages 1 to 4)

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<p style="text-align: right;">Page 61</p> <p>1 personally how much problem I've had with doing 2 that surgery, and I would give them a specific 3 replies. 4 Q. Doctor, can those problems also 5 occur without surgery as a result of, say, aging? 6 MS. THOMPSON: Object. 7 BY MR. OTTAWAY: 8 Q. Lack of hormones? 9 MS. THOMPSON: Object to form. 10 THE WITNESS: So can somebody 11 have spontaneous pelvic pain because they 12 are getting older? 13 BY MR. OTTAWAY: 14 Q. Is -- yes. 15 A. Everything is possible, but that 16 would be very unusual. 17 Q. Okay. Are there comorbidities that 18 can cause pelvic pain and discomfort during 19 intercourse? 20 A. So could you refine that question? 21 Q. I'm not sure that I can. 22 A. So describe comorbidities associated 23 with pelvic pain and discomfort with intercourse? 24 So when somebody has pelvic pain and</p>	<p style="text-align: right;">Page 62</p> <p>1 pain with intercourse that affects their quality 2 of life, their relationship with their spouse, 3 their children, it probably decreases their 4 economic productivity. 5 Q. Strike that as nonresponsive. 6 MS. THOMPSON: I think the 7 question is comorbidities is -- 8 MR. OTTAWAY: Again, you don't 9 have to argue about it, counsel. 10 MS. THOMPSON: -- is not the 11 right word to use. He answered the 12 question using the word "comorbidities" 13 that can cause pelvic pain and discomfort. 14 MR. OTTAWAY: Actually, he didn't 15 answer the question. He described the 16 difficulties, but I move to strike. 17 MS. THOMPSON: Okay. Okay. 18 MR. OTTAWAY: And the judge can 19 work all that out later. 20 MS. THOMPSON: I'll ask. 21 MR. OTTAWAY: We're not going to 22 work it out here today. 23 THE WITNESS: So, again, yeah. 24 If you could give me a more specific</p>
<p style="text-align: right;">Page 63</p> <p>1 question. So the way -- 2 BY MR. OTTAWAY: 3 Q. Do people have complaints of pelvic 4 pain and discomfort during sex without ever 5 having any kind of surgery? 6 A. So you're asking me what are the 7 other causes of pain with intercourse and pelvic 8 pain -- 9 Q. Yes. 10 A. -- if somebody did not have surgery? 11 Q. Yeah. 12 A. Is that correct? 13 Q. I'm asking you if people can have 14 complaints of those types and never had surgery. 15 A. True. 16 Q. Never had surgery involving mesh of 17 any type? 18 A. True. Depends on the kind of pain 19 that they have. 20 Q. And when you look at a reason that 21 someone has those difficulties, do you consider 22 their presurgical complaints to be important in 23 that analysis? 24 A. Well, it depends on the --</p>	<p style="text-align: right;">Page 64</p> <p>1 MS. THOMPSON: Object to form. 2 THE WITNESS: Yeah. It depends 3 on the location of the pain and where the 4 pain is. So pelvic pain is a very global 5 term that you are using. It means anywhere 6 in the pelvis. 7 Certainly if somebody had 8 mesh-type pain, that can become bigger and 9 become pelvic pain but, you know, you could 10 also have pain that started from the mesh. 11 BY MR. OTTAWAY: 12 Q. Well, I think my question was, 13 Doctor: Do you consider presurgical complaints 14 of pelvic pain and discomfort with intercourse 15 when you try to determine whether a surgery of 16 any type is a contributing factor to them? 17 A. So if I saw a patient who has pain, 18 yes, I would ask them what kind of pain they have 19 before surgery. 20 Q. And would that be an important 21 finding for you in determining a cause? 22 A. Depends on where their pain is and 23 where it's coming from. So, for example, the 24 patient who has endometriosis pain and they have</p>

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<p style="text-align: right;">Page 69</p> <p>1 Q. I want to know when those problems 2 were reported in the medical literature. 3 A. Well, these papers, you mean when 4 they were published? 2014 and 2015 and 2011. 5 Q. Okay. So 2011? 6 A. 2012. Yeah, there's a string of 7 them. 8 Q. Okay. And would you agree with me 9 that by those dates, it was known in the medical 10 literature that these complications, in your 11 phrase, were associated with mesh procedures? 12 MS. THOMPSON: Object to form. 13 THE WITNESS: These are some of 14 the references I took. Doesn't mean there 15 are -- there are not more of them -- 16 BY MR. OTTAWAY: 17 Q. Oh. 18 A. -- or older ones or newer ones. 19 Q. In fact, there are references to 20 these potential complications in literature older 21 than 2011; correct? 22 A. True. 23 Q. Okay. So these were known to the 24 medical community, people in your profession, by</p>	<p style="text-align: right;">Page 70</p> <p>1 a review of the medical literature prior to 2011; 2 correct? 3 A. True. 4 Q. Doctor, you discuss scarring. 5 Is scarring a potential with any 6 surgery? 7 A. True. 8 Q. You learned that in medical school? 9 A. Probably. 10 Q. In the TOPAS product you discussed, 11 is the mesh designed to have tissue in-growth? 12 A. Is the mesh designed to have tissue 13 in-growth, question mark. 14 I think that's just a consequence of 15 placing mesh in any space. 16 Q. And you understand that scar tissue 17 may result from that? 18 A. That's the body response. 19 Q. You understand that if the body 20 reacts to polypropylene, it may react to that 21 device? 22 A. So there is inflammation and 23 scarring of the tissue. True. 24 Q. Okay. And doctors have known that</p>
<p style="text-align: right;">Page 71</p> <p>1 for a long time, haven't they? 2 MS. THOMPSON: Object to form. 3 THE WITNESS: That polypropylene 4 causes scarring and inflammation? Or what 5 is "that"? Could you question -- repeat 6 your question? 7 BY MR. OTTAWAY: 8 Q. Doctors have known for a long time 9 that scar tissue can result from surgery; 10 correct? 11 A. Our body goes through a cycle of 12 healing, some of which includes scarification. 13 Q. Okay. 14 A. That's body's first response to 15 heal. 16 Q. And you teach your medical students 17 that if you implant a device, whether it's TOPAS 18 or any other device, you can have a reaction to 19 that device; correct? 20 MS. THOMPSON: Object to form. 21 THE WITNESS: True. 22 BY MR. OTTAWAY: 23 Q. And these are things that are known 24 and reported in the literature and have been</p>	<p style="text-align: right;">Page 72</p> <p>1 since before 2011; correct? 2 MS. THOMPSON: Object to form. 3 THE WITNESS: What things? The 4 scarring? 5 BY MR. OTTAWAY: 6 Q. Scarring, foreign body reaction. 7 MS. THOMPSON: Object to form. 8 THE WITNESS: Yes, the body forms 9 a scar. 10 BY MR. OTTAWAY: 11 Q. I need to learn a little bit about 12 EVUS, E-V-U-S. Is that how you pronounce that 13 acronym? 14 A. Yes. What page are you on? 15 Q. It's all through there, Doctor. You 16 can pick almost any page you want. 17 You know what I'm talking about when 18 I mention EVUS; correct? 19 A. True. Even though now we just 20 don't -- pretty much just say US, which is 21 ultrasound. 22 Q. Okay. What does EVUS stand for? 23 A. EVUS is endovaginal ultrasound. 24 Q. And this is a technique that you</p>

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<p style="text-align: right;">Page 97</p> <p>1 need to investigate and look at the evidence.</p> <p>2 Q. Now, number 6, I think this is where</p> <p>3 you were telling me about what you referred to as</p> <p>4 the wings; am I right?</p> <p>5 A. Sure.</p> <p>6 Q. Okay. Tell me about that, please,</p> <p>7 if we didn't get it all already.</p> <p>8 A. Sure. The lateral portion of the</p> <p>9 Gynecare TVT-O mesh devices are difficult, if not</p> <p>10 impossible, to remove, even with the aid of</p> <p>11 advanced imaging and the surgical skill and</p> <p>12 result in seeing of comorbidity for patients.</p> <p>13 So it goes to what we talked about</p> <p>14 where the sling arms are going into a space that</p> <p>15 is really unfamiliar to the general OB-GYNs or</p> <p>16 general urologists who are doing these surgeries.</p> <p>17 And when we go to remove the mesh</p> <p>18 because of the pain, nerve entrapment, etc., as</p> <p>19 the sling arm advances and goes behind the tissue</p> <p>20 pubic rami it pretty much is turning behind the</p> <p>21 wall, so to speak, and it's just hard to follow.</p> <p>22 Q. Anything else you need tell me about</p> <p>23 number 6?</p> <p>24 A. Pardon me?</p>	<p style="text-align: right;">Page 98</p> <p>1 Q. Anything else you need to tell me</p> <p>2 about opinion number 6?</p> <p>3 A. Well, the last sentence that it says</p> <p>4 results in significant morbidity for the patient.</p> <p>5 Once you have scarring around the nerve causing</p> <p>6 the pain, a lot of times even if when you go and</p> <p>7 remove the sling, the scarring is still there and</p> <p>8 the pain may not be reduced, depending on when</p> <p>9 the original sling was placed.</p> <p>10 Q. And do you reference specific</p> <p>11 literature to support that opinion?</p> <p>12 MS. THOMPSON: Object to form.</p> <p>13 THE WITNESS: Am I citing a</p> <p>14 specific reference for relating to that? I</p> <p>15 think it is in my references. We can look</p> <p>16 it up.</p> <p>17 BY MR. OTTAWAY:</p> <p>18 Q. We'll do that at the next break,</p> <p>19 Doctor, and you can tell me. I don't want to</p> <p>20 take your time here.</p> <p>21 But if you do reference a specific</p> <p>22 piece of literature to support number 6, I would</p> <p>23 appreciate you finding it for me on the next</p> <p>24 break, okay?</p>
<p style="text-align: right;">Page 99</p> <p>1 A. Do I have any of the papers with me?</p> <p>2 Oh, no, I need the papers. So those</p> <p>3 are just the references.</p> <p>4 Maybe, maybe not. I have to look at</p> <p>5 them.</p> <p>6 Q. Okay. And if you find one, will you</p> <p>7 advise --</p> <p>8 A. Sure.</p> <p>9 Q. -- Counsel here so she can advise</p> <p>10 us?</p> <p>11 A. Sure.</p> <p>12 Q. Okay. Number 7. TVT-O is</p> <p>13 associated with an unacceptably high rate of</p> <p>14 chronic pain.</p> <p>15 Tell me about that. What do you</p> <p>16 rely on to support that opinion?</p> <p>17 A. Sure. So, again, you get to the</p> <p>18 fact that you're operating in a space that causes</p> <p>19 the kind of pain that is hard to get rid of --</p> <p>20 Q. Okay.</p> <p>21 A. -- and that's unacceptable.</p> <p>22 Q. Okay. Now, are we talking about a</p> <p>23 particular kind of pain here?</p> <p>24 A. We are talking about groin pain and</p>	<p style="text-align: right;">Page 100</p> <p>1 the leg pain that the patients experience.</p> <p>2 Q. So it's groin and leg pain.</p> <p>3 And do you have in your mind what an</p> <p>4 acceptable rate of pain would be?</p> <p>5 MS. THOMPSON: Object to form.</p> <p>6 BY MR. OTTAWAY:</p> <p>7 Q. You say this is "unacceptably high."</p> <p>8 Do you have an opinion about what</p> <p>9 would be acceptable, in your opinion?</p> <p>10 A. Acceptable rate --</p> <p>11 MS. THOMPSON: Object to form.</p> <p>12 THE WITNESS: -- of chronic pain</p> <p>13 for me would be none.</p> <p>14 BY MR. OTTAWAY:</p> <p>15 Q. Okay. So anything above zero is an</p> <p>16 unacceptably high rate of chronic pain to you?</p> <p>17 MS. THOMPSON: Object to form.</p> <p>18 THE WITNESS: I don't want my</p> <p>19 patients to have any chronic pain.</p> <p>20 BY MR. OTTAWAY:</p> <p>21 Q. Okay. I'm just asking what your</p> <p>22 opinion is here, Doctor.</p> <p>23 Was my statement correct?</p> <p>24 A. My opinion is that if the patient</p>

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<p style="text-align: right;">Page 125</p> <p>1 nerve entrapment," you're trying to limit that to 2 the obturator space?</p> <p>3 A. As it pertains to the TVT-O.</p> <p>4 Q. But nerve damage and nerve 5 entrapment or scarification is common to all 6 surgery and all vaginal surgery, except just not 7 in that area; is that right?</p> <p>8 MS. THOMPSON: Object to scope. 9 Object to form.</p> <p>10 THE WITNESS: If you're operating 11 close to the nerves, you can have nerve 12 entrapment problems, just at the nerves 13 that travel in that area. They are not 14 really inside the vagina.</p> <p>15 BY MR. OTTAWAY:</p> <p>16 Q. Okay. The next one, pain with sex 17 or sexual impairment. Is that a potential for 18 any vaginal surgery?</p> <p>19 MS. THOMPSON: Object to form. 20 THE WITNESS: The vaginal 21 surgeries who could cause dyspareunia and 22 sexual impairment a lot of times may be 23 associated with narrowing of the vagina or 24 inflammation in the space, and so they</p>	<p style="text-align: right;">Page 126</p> <p>1 could cause pain and discomfort maybe in a 2 different region.</p> <p>3 BY MR. OTTAWAY:</p> <p>4 Q. Okay. Is there something unique 5 about TVT-O or TOT devices as it regards 6 dyspareunia or sexual impairment?</p> <p>7 A. Well, we are talking about the 8 TVT-O, and what we talked about earlier was the 9 fact that the TVT-O and the TOT type devices do 10 curl up, you know, and then you asked me like 11 what other complaints are making them.</p> <p>12 So that from the -- the sling is 13 going from one issue of PV grain white to the 14 other issue of PV grain white. So...</p> <p>15 Q. Okay. I want to make sure I 16 understand this.</p> <p>17 So is there -- because you 18 mentioned -- we're going to talk about deformed 19 curl rope, degraded, fragmented in your next 20 opinion.</p> <p>21 A. Yeah, they sort of run into each 22 other.</p> <p>23 Q. Yeah. I'm now referring to the 24 bullet point above it.</p>
<p style="text-align: right;">Page 127</p> <p>1 A. Yeah.</p> <p>2 Q. Dyspareunia and sexual impairment. 3 And my question is: Does that -- is that a 4 potential for all vaginal surgeries?</p> <p>5 A. Yeah, but then you put TVT and TVT-O 6 together.</p> <p>7 Q. Okay. And that is what you 8 reference in the next bullet point is you're 9 telling me because, in your opinion, the TVT-O or 10 TOT devices tend to curl, rope, degrade based on 11 your ultrasound examinations?</p> <p>12 A. Yeah, but that's goes hand in hand 13 with dyspareunia as well. Because -- because 14 they're going from one side to the other, they 15 sort of cause this bridge as well.</p> <p>16 Q. Okay.</p> <p>17 A. That can. So they behave 18 differently from TV -- from TVT type devices.</p> <p>19 Q. Okay. So in that one there's, in 20 your mind, some difference between the TVT-O or 21 TOT devices and standard TVT matter?</p> <p>22 A. Well, they're anatomically in 23 different spaces.</p> <p>24 Q. Okay. Next bullet point.</p>	<p style="text-align: right;">Page 128</p> <p>1 Encapsulation of mesh.</p> <p>2 A. Yes.</p> <p>3 Q. Okay. Is that unique to TVT-O or 4 TOT devices?</p> <p>5 A. No, it's all the mesh.</p> <p>6 Q. Okay. Vaginal shortening or 7 tightening stenosis. Is that unique to TVT-O or 8 TOT devices, or is that something that occurs 9 with vaginal surgeries or other meshes?</p> <p>10 A. Yeah. If the -- any vaginal surgery 11 could cause a stenosis and tightening and 12 shortening, but this is different type of, again, 13 problem with that bridging that we talked about.</p> <p>14 Q. Okay. What is it that causes a 15 different type of vaginal shortening, tightening 16 or stenosis?</p> <p>17 A. So with the stenosis, we are talking 18 about the sling bridge, so to speak, that can be 19 -- can cause issue in term of tightening that 20 space versus if you're talking about a general 21 vaginal surgery for something else.</p> <p>22 Q. Okay. So would this be unique to 23 TVT-O or TOT devices, or would it be something 24 present with all mesh devices? Potential of all</p>

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<p style="text-align: right;">Page 169</p> <p>1 there --</p> <p>2 Q. I just asked you to read the</p> <p>3 conclusion of the study for the ladies and</p> <p>4 gentlemen.</p> <p>5 A. So the page numbers are not the same</p> <p>6 and so okay.</p> <p>7 So basically what they're saying is</p> <p>8 that the:</p> <p>9 "TVT-O implantation is a highly</p> <p>10 effective opinion option for the treatment of</p> <p>11 women with pure SUI showing a very high cure rate</p> <p>12 and low incidence of complication after 5-year</p> <p>13 follow-up."</p> <p>14 And that was Serati, pages 872 to</p> <p>15 878, 2008. '13.</p> <p>16 Q. And, Doctor, I'll hand you, finally,</p> <p>17 what is an article from the International</p> <p>18 Urogynecological Journal of 2014, which is Seven</p> <p>19 years of objective and subjective outcomes of</p> <p>20 trans -- say that word for me again.</p> <p>21 A. Which one are you reading?</p> <p>22 Transobturator.</p> <p>23 Q. -- transobturator (TVT-O) vaginal</p> <p>24 tape." That's what we've been talking about, and</p>	<p style="text-align: right;">Page 170</p> <p>1 ask if you would read the conclusion of that</p> <p>2 study at page 224.</p> <p>3 It starts "In conclusion." It's the</p> <p>4 last paragraph of the study.</p> <p>5 A. Okay. Yes. So:</p> <p>6 "In conclusion, this study supports</p> <p>7 the long-term TVT-O outcomes using a</p> <p>8 retrospective design in a real life cohort. It</p> <p>9 shows that the TVT-O procedure provides for high</p> <p>10 long-term efficacy clinically meaningful</p> <p>11 improvement in patients' quality of life and an</p> <p>12 excellent safety profile. However, women with</p> <p>13 central compartment prolapse in those undergoing</p> <p>14 concomitant vaginal hysterectomy had a higher</p> <p>15 risk of subjective failure. These results could</p> <p>16 therefore be useful to clinicians for</p> <p>17 preoperative consultation."</p> <p>18 Q. Thank you, Doctor. That's all I</p> <p>19 have.</p> <p>20 A. Thank you.</p> <p>21 MS. THOMPSON: I have one more</p> <p>22 question.</p> <p>23</p> <p>24</p>
<p style="text-align: right;">Page 171</p> <p>1 FURTHER EXAMINATION</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Dr. Shobeiri, did you consider and</p> <p>4 critically assess literature that was both</p> <p>5 favorable and unfavorable to your opinions?</p> <p>6 A. Yes, I did.</p> <p>7 MS. THOMPSON: That's it.</p> <p>8 MR. OTTAWAY: You have the right</p> <p>9 to read and sign this deposition,</p> <p>10 Dr. Shobeiri, and you should consult with</p> <p>11 Margaret and see what you wish to do.</p> <p>12 MS. THOMPSON: You will.</p> <p>13 THE WITNESS: Thank you.</p> <p>14 THE VIDEOGRAPHER: The time now</p> <p>15 is 2:19. This deposition has concluded.</p> <p>16 (Signature having not been</p> <p>17 waived, the taking of the deposition</p> <p>18 concluded at 2:19 p.m.)</p> <p>19</p> <p>20 * * *</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p style="text-align: right;">Page 172</p> <p>1 CERTIFICATE OF COURT REPORTER</p> <p>2 UNITED STATES OF AMERICA)</p> <p>3 COMMONWEALTH OF VIRGINIA)</p> <p>4 I, DENISE D. VICKERY, the reporter before</p> <p>5 whom the foregoing deposition was taken, do</p> <p>6 hereby certify that the witness whose testimony</p> <p>7 appears in the foregoing deposition was sworn</p> <p>8 by me; that the testimony of said witness was</p> <p>9 taken by me in machine shorthand and thereafter</p> <p>10 transcribed by computer-aided transcription;</p> <p>11 that said deposition is a true record of the</p> <p>12 testimony given by said witness; that I am</p> <p>13 neither counsel for, related to, nor employed</p> <p>14 by any of the parties to the action in which</p> <p>15 this deposition was taken; and, further, that I</p> <p>16 am not a relative or employee of any attorney</p> <p>17 or counsel employed by the parties hereto, or</p> <p>18 financially or otherwise interested in the</p> <p>19 outcome of this action.</p> <p>20</p> <p>21</p> <p>22 Notary Public in and for the</p> <p>23 Commonwealth of Virginia</p> <p>24 My Commission expires March 31, 2018 ID - 126014</p>

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Page 173	Page 174
1 INSTRUCTIONS TO WITNESS	1 -----
2	2 ERRATA
3 Please read your deposition	3 -----
4 over carefully and make any necessary	4 PAGE LINE CHANGE
5 corrections. You should state the reason	5 REASON: _____
6 in the appropriate space on the errata	6 REASON: _____
7 sheet for any corrections that are made.	7 REASON: _____
8 After doing so, please sign	8 REASON: _____
9 the errata sheet and date it. It will be	9 REASON: _____
10 attached to your deposition.	10 REASON: _____
11 It is imperative that you	11 REASON: _____
12 return the original errata sheet to the	12 REASON: _____
13 deposing attorney within thirty (30) days	13 REASON: _____
14 of receipt of the deposition transcript	14 REASON: _____
15 by you. If you fail to do so, the	15 REASON: _____
16 deposition transcript may be deemed to be	16 REASON: _____
17 accurate and may be used in court.	17 REASON: _____
18	18 REASON: _____
19	19 REASON: _____
20	20 REASON: _____
21	21 REASON: _____
22	22 REASON: _____
23	23 REASON: _____
24	24 REASON: _____
1 ACKNOWLEDGMENT OF DEPONENT	1 LAWYER'S NOTES
2 I, _____, do	2 PAGE LINE
3 hereby certify that I have read the	3 _____
4 foregoing pages, and that the same	4 _____
5 is a correct transcription of the answers	5 _____
6 given by me to the questions therein	6 _____
7 propounded, except for the corrections or	7 _____
8 changes in form or substance, if any,	8 _____
9 noted in the attached Errata Sheet.	9 _____
10	10 _____
11	11 _____
12	12 _____
13	13 _____
14	14 _____
15 Subscribed and sworn	15 _____
16 to before me this	16 _____
17 _____ day of _____, 20____.	17 _____
18 My commission expires: _____	18 _____
19	19 _____
20 Notary Public	20 _____
21	21 _____
22	22 _____
23	23 _____
24	24 _____

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